

**STATE OF HOMELESSNESS
IN THE
CITY OF BOSTON
WINTER 1998-1999**

**ANNUAL CENSUS REPORT
DECEMBER 14, 1998**

MAYOR THOMAS M. MENINO



**Emergency Shelter Commission
Kelley A. Cronin, Executive Director**

EXECUTIVE SUMMARY

1. There were 3,079 men, 1,206 women, and 987 children counted during this year's census for a total of 5,272 compared to a total of 5,016 last year. The total number of homeless people in the City of Boston has increased 5.1%.
2. There were 188 men and women documented as sleeping on the street on the night of the census compared to 180 last year.
3. There were 1,934 men and 362 women staying in adult shelters on the night of the census for a total of 2,296. This number represents an increase of 2.5% over last year's shelter total of 2,238. Many of the adult shelters were over capacity on the night of the census.
4. This year's total of 1,218 in family shelters represents a 15.2% increase over last year's shelter total of 1,057. There were 39 fathers, 405 mothers, and 774 children counted in family shelters and scattered site shelter programs. This includes 92 Boston families (9 fathers, 71 mothers, and 200 children) placed outside of Boston, because of lack of shelter capacity within the City. Families were placed by the Mass. Dept. of Transitional Assistance in communities such as Lynn, Marshfield, Fall River, and as far away as Springfield.

THIS YEAR'S CENSUS METHODOLOGY

THE HOMELESS LIVING IN SHELTER

Approximately one month prior to the actual census, Boston's Emergency Shelter Commission mails an advisory to all of the city's shelter providers and transitional programs to inform them of the study. Shelter contacts are informed of the date of the census and how the survey will be conducted; the Shelter Commission also solicits volunteers for the street count. Each program is asked to tabulate the population of their shelter on the night of the count. The City's Emergency Shelter Commission then contacts each shelter on December 15th to obtain the total from the previous night.

THE HOMELESS LIVING ON THE STREET

The City is divided into thirty-eight separate areas for the purpose of the census. The downtown areas are small enough to be thoroughly covered by volunteers on foot; outlying neighborhoods, where few homeless people have been identified in the past, are covered by car. Even in these neighborhoods, volunteers are expected to leave their vehicles and conduct the census by foot in areas where there is a higher likelihood of finding homeless individuals. Volunteers are provided with a list of locations to be checked thoroughly in their assigned area.

All teams utilize radios or cellular phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed for individuals encountered on the street. Volunteers also use two vans accessed by walkie-talkie to transport homeless individuals who request assistance in getting to a shelter.

THE VOLUNTEERS

The Emergency Shelter Commission recruits volunteers who are neighborhood residents, City employees, City Year volunteers and staff at the various Boston shelters. Volunteer selection is important, since people who work with this population can assist in avoiding stereotypes often associated with homelessness. The study started at 10 p.m. in order to ensure that businesses or other places of temporary refuge are closed. Also, the study was conducted on a Monday night/Tuesday morning when there is less general pedestrian traffic than other times during the week.

This census count has been conducted annually during the second or third week of December, when the weather is cold enough to identify the population that is exposed to the elements and readily in need of temporary shelter. At the time of this census, the temperature was 29 degrees dropping to 23 degrees by dawn.

Volunteers were asked to designate people by the following identifiable factors:

1. Was the individual definitely or possibly homeless?
If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.
2. Was the individual in need of medical attention?
The census volunteers included many medical professionals from Boston's Health Care for the Homeless.
3. Did the individual need transportation to shelter?
While Pine Street Inn operates a nighttime outreach van, some individuals may be unaware of these services or unable to walk to shelter. The Census uses two vans provided by Long Island Shelter as well as Pine Street's outreach van to transport people to shelter.

Since the outdoor homeless population is served by several different outreach programs, our purpose was simply to determine the size of the homeless population in Boston and not duplicate outreach work.

HISTORY

The census of Boston's homeless population is conducted annually by the City's Emergency Shelter Commission. The 1983 study, conducted by six volunteers working over a period of two weeks, was the City's first attempt to identify the size of the street population associated with homelessness. This beginning work on counting the homeless inspired later projects which provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over one hundred and fifty volunteers, and appropriate City agencies as directed by Mayor Menino.

PURPOSE

Until the scope and nature of the problem can be defined, government agencies are not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. With more accurate numbers, the City can coordinate the services, including shelter, street outreach, food, clothing, medical, employment training, substance abuse treatment, and mental health treatment, that not only enable homeless people to survive but to help them move beyond shelter to more independent and productive lives.

To better understand the issues facing homeless families and individuals, the Mayor commissioned a study by the Center for Social Policy at the McCormack Institute and the Center for Survey Research, both based at the University of Massachusetts Boston, to answer three primary questions: *Who currently uses the emergency shelter system? Where have these persons come from?* and *What are their resource needs?* The UMASS survey was conducted on March 19, 1997. Key findings from this survey of 338 homeless individuals and 94 families sheltered or served by 33 shelter programs will be referenced in the narrative accompanying this census report.

Recognizing the limitations of this single point-in-time census, the City has funded and supported the ANCHoR Project, a data collection system which will facilitate client assessment and case management within programs and will provide policy makers with better information over time.

The annual homeless census informs the Mayor as to gaps in the continuum of care and what resources the City will need in order to meet that commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

THE POPULATION OF THE STREET

THE POPULATION OF THE STREET

Winter 1997-98

Winter 1998-99

	Male	Female	Children	Male	Female	Children
Street Count	152	28	0	160	28	0
TOTALS	180			188		

There were 160 men and 28 women on the streets of Boston on the night of the census, a slight increase over last year's number. Fifteen people this year accepted rides into shelter.

Many homeless men and women who sleep on the streets are mentally ill. Some mental illnesses, especially schizophrenia, cause the person to experience auditory hallucinations and acute paranoia. In many cases exacerbated by substance abuse, the person's condition has often deteriorated to the point where they are too paranoid to go into already overcrowded shelters and afraid of the people who offer them help in the street. Clearly, these people are in need of specialized services, including street outreach, appropriate shelter, and in some cases hospital in-patient services.

To respond to these needs, daytime outreach programs in Boston's downtown neighborhoods have been expanded: Tri-City Mental Health is working with the mentally ill in the Back Bay, Shattuck Shelter (funded by the Commonwealth's Department of Public Health) is working with substance abusers in the Back Bay, and the Pine Street Inn (funded by the City of Boston with Federal McKinney dollars) has expanded its daytime outreach in Downtown Crossing to cover parts of the Back Bay and the North Station areas. Pine Street Inn has operated a nighttime outreach van for the last 10 years attending to this hard-core population. Together these programs are working to link those homeless people who choose to stay on the streets to services.

A recent community effort to assist those on the street is the Area A-1 Community Task Force on Homelessness. The Task Force was established by Captain Ronald X. Conway of the Boston Police Department and brings together a diverse group of people representing homeless service providers; City and State agencies; local and national businesses; and the Boston religious community.

Several weeks after this census was taken, the Mayor in response to several deaths on the street authorized City funding for an additional outreach van staffed jointly by the Shattuck Shelter and Pine Street Inn. Nighttime coverage has therefore been expanded to a wider area.

HOMELESS ADULTS IN SHELTER

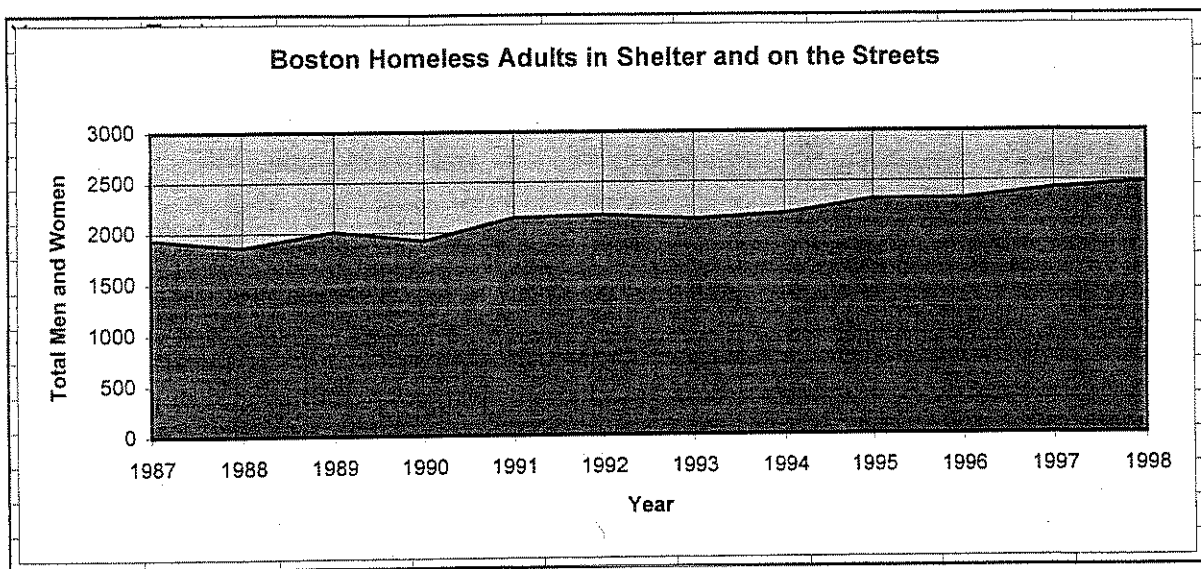
ADULT SHELTERS

	Winter 1997-98		Winter 1998-99	
	Male	Female	Male	Female
Betty's Place	0	15	0	15
Kingston House	43	8	111	16
Long Island Shelter ¹	459	59	383	71
Woods-Mullen	127	52	134	62
LIS Annex	102	0	104	0
McInnis House Respite	57	13	67	1
New England Vets Shelter	131	0	110	0
Pine Street Inn Men's Inn	353	0	354	0
Anchor Inn ²	190	0	186	0
Women's Inn	0	109	0	107
Holy Family	60	0	56	0
Boston Night Center	58	16	57	14
Rosie's Place	0	20	0	20
Sancta Maria	0	9	0	7
Snead House Respite	NA	NA	0	15
Shattuck Shelter ³	175	18	187	19
United Homes	85	16	122	15
YMCA - Cardinal Medeiros	63	0	63	0
SUB-TOTALS:	1903	335	1934	362
TOTALS	2238		2296	

¹ Includes Safe Harbor and SOAR as well as Long Island Shelter

² Includes Men's Transitional Housing Program

³ Includes Stabilization and TIL



HOMELESS ADULTS IN SHELTER

There were 1,934 men and 362 women in adult shelters on the night of the census - for a total of 2,296 which is a 2.5% increase from the number counted in adult shelters last year. The City of Boston's Long Island Shelter reported 754 guests, 32.8% of the adult shelter population. The Pine Street Inn's 774 guests comprised 33.7% of those counted in adult shelters. On many nights during the entire year shelters are over capacity. Shelters are transitioning people into the mainstream, but the fact remains that newly homeless people are moving into these shelter beds as they become available.

The City credits the McKinney Homeless Assistance grants received from the U.S. Department of Housing and Urban Development for the transitional movement out of shelters. HUD has recognized the strength of our collaboration between local government and homeless service providers and, consequently, Boston had been able to leverage significant resources from the federal government to create new homeless programs to complement the existing shelter system.

However, with the City's 1998 McKinney proposal, the federal government cut funding \$5.5 million, a nearly 40% cut from \$14.3 million the previous year to \$8.8 million. As HUD spokeswoman, Jaqueline Roundtree, stated, "Boston has always been in the forefront of addressing the issues of homelessness. It's not that [HUD] received bad applications from Boston, but it's because more communities

are applying.” Whatever the reason, the reality is that the reduction of federal homeless funding for Boston programs will result in a decrease in services.

And the numbers demonstrate that with appropriate resources homeless people can move beyond shelter. In the past two years, thousands of individuals have used the safety net of emergency shelter, received the assistance they needed, and moved along the continuum of care and into permanent housing.

However, the shelter system is often the safety net for the failures of other systems in our society. For every person who has been successfully placed in housing, a newly homeless person has taken their place. Shelters report increasing numbers of young adults and ex-offenders are entering the shelter system. The UMASS Boston study from 1997 reported 22% of individuals in adult shelters had been in either a jail, detention center, prison, or halfway house for ex-offenders within the past 12 months.⁴

Pine Street Inn’s Women’s Inn has reported an increase in women separated from their children: the intact family is denied access to the State’s family shelter system, so the mother leaves the children with relatives and stays herself at the adult shelter. Clearly restricted access to family shelter is harming many families.

According to the UMASS Boston study, 31% of individuals in the adult shelters report having served in the U.S. military.⁵

The City of Boston and shelter providers are making every effort to convert shelter beds to transitional beds. This effort is to help move people beyond shelter and into housing and jobs. Transitional programs comprise 47% of Pine Street Inn’s beds, 33% of Long Island’s beds, and 29% of Shattuck’s shelter beds.

⁴ Friedman, D., Hayes, M., McGah, J., Roman, A. (1997). *A Snapshot of Individuals and Families Accessing Boston’s Emergency Shelters, 1997*. Boston, MA: University of Massachusetts Boston. p.7&14.

⁵ *A Snapshot of Individuals and Families Accessing Boston’s Emergency Shelters, 1997*, p.9.

HOMELESS FAMILIES IN SHELTER

FAMILY SHELTERS

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
Boston Family	0	6	7	1	9	15
Casa Nueva Vida	0	6	14	0	6	12
Crittenton-Hastings	2	14	25	0	19	30
Crossroads	2	8	22	1	10	19
Families-In-Trans.	2	22	46	2	22	37
Family House	0	19	29	0	18	27
LifeHouse	0	10	15	0	10	11
Margaret's House	0	26	32	0	25	41
Project Hope	0	8	10	0	8	11
Queens of Peace	0	5	2	0	4	6
Salvation Army	0	4	9	0	4	12
Sojourner House	1	6	14	0	9	15
St. Ambrose Inn	0	11	22	1	11	24
St. Mary's Home	0	8	9	0	18	15
Temporary Home (closed for repair 1997-98)	0	0	0	0	14	19
Traveler's Aid	2	5	14	0	9	25
SUB-TOTALS:	9	158	270	5	196	319

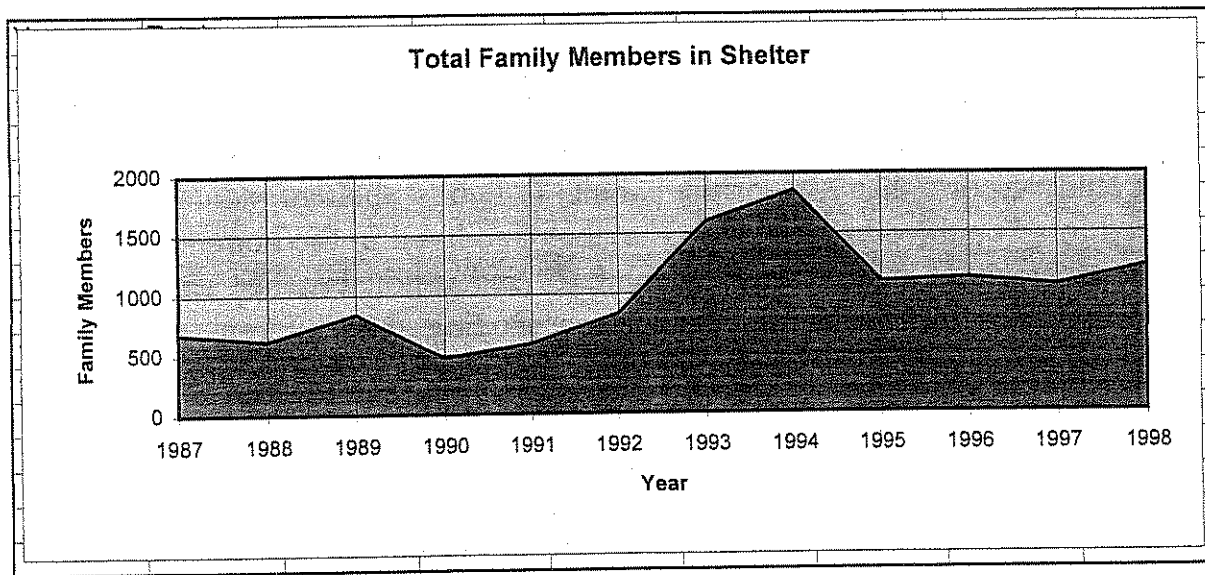
OTHER

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
Families in shelters outside Boston *	8	69	126	7	71	141
Scattered Site Shelter	12	122	283	27	138	314
SUB-TOTALS:	20	191	409	34	209	455

TOTAL HOMELESS FAMILIES IN BOSTON

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
	29	349	679	39	405	774
TOTALS	1057			1218		

HOMELESS FAMILIES IN SHELTER



Shelters for families are mostly funded by the Commonwealth's Department of Transitional Assistance (formerly the Department of Public Welfare). This year 39 men, 405 women, and 774 children were in family shelters and scattered site shelter programs⁶ representing an increase of 15.2% compared to last year's figures.

The City of Boston's Emergency Shelter Commission continues to receive calls from families, particularly poor working families, denied access to shelter as a result of restrictive State shelter screening regulations. The income standards which determine eligibility for shelter are particularly problematic and unrealistic. According to these guidelines, a family of three (in most cases, a mother and two children) is ineligible for shelter if their gross income is over \$997.15 per month (\$11,965.80 per year or \$6.23 per hour for a 40 hour work week). The State bases this policy on the belief that a family of three with income over this \$997 amount should be able to afford housing; however, the current real estate market in the Greater Boston area dictates that this family will be spending over 60% of their gross income for a cheap one-bedroom apartment, and they still have to pay for utilities, food, and day care. These working poor families are falling through the

⁶ Scattered site shelters are programs in which families are temporarily placed in an apartment rather than a congregate or communal shelter

cracks in the safety net: they are too poor to afford decent housing and too "rich" (according to the State's guidelines) to be eligible for temporary shelter.

The causes of family homelessness are rooted in poverty, and denying a family emergency shelter only exacerbates their problems forcing them either to live in overcrowded conditions with reluctant relatives or friends, or split the family up with different children staying with different relatives. The UMass Boston study reports that 73% of the parents in family shelters indicate that they had lived in a "doubled up" situation (i.e. they had lived in the home of a relative and/or friend) within the previous 12 months.⁷ And as noted earlier, some families who are not eligible for family shelter are sending the children to stay with relatives so the parent(s) can then stay in an adult shelter. The emergency family shelter system administered by DTA needs to be accessible to families in need to provide a safety net and hopefully a foundation for future independence for homeless families in Massachusetts. With that safety net inaccessible to many families because of arbitrary eligibility requirements, the State is jeopardizing the lives and futures of too many Massachusetts children.

Traveler's Aid of Boston continues to provide shelter on a limited basis to families who are not able to access shelter through DTA. Traveler's Aid is serving more families than ever and is facing increasing financial pressures. This winter the City and State pledged to continue funding through the fiscal year to keep this stopgap measure in place.

Shelter stays continue to increase in length, due to a lack of affordable housing and a lack of adequate income supports for families, particularly families headed by single mothers. Family stays in shelter are averaging as high as 10 months in some shelters. Housing search workers under contract with the State report that, because of lack of affordable housing in the Boston area, homeless families have been directed as far away as Fall River and New Bedford in search of affordable market-rate housing.

In terms of subsidized housing, the effects of Federal and State cutbacks for affordable housing are being felt. The Massachusetts Rental Voucher Program (MRVP, formerly the 707 program), managed by the Commonwealth's Department of Housing and Community Development, does not roll over

⁷ *A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997*, p.32.

certificates. This means that once a family has increased its income and no longer needs that subsidy, that subsidy is not made available to another family in need. Because of the overall lack of affordable units, the City strongly encourages the State to create an affordable housing strategy for families who are homeless and at-risk of homelessness.

In conjunction with the lack of affordable housing, lack of income (based on several factors including a mismatch of job skills with available jobs, low AFDC payments, lack of day care slots, lack of quality education, and the lack of paternal financial support) causes homelessness for families. Combined with cutbacks in food assistance programs, the imposition of the two-year time limit which started on December 1, 1998 will impact many homeless families in a negative way by taking away a source of income that has helped these families get over hard times.

As families are cut off from benefits, they will need jobs and job training to survive. The UMASS Boston survey reported that 42% of parents in shelter had not completed high school and had no GED.⁸ The innovative Transition to Work Collaborative, funded by the City with federal McKinney money, is working with homeless families to increase their education, income, and self-sufficiency as they move from the shelter to permanent housing.

⁸ *A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997*, p.27.

WOMEN IN CRISIS

WOMEN IN CRISIS PROGRAMS

	Winter 1997-98		Winter 1998-99	
	Female	Children	Female	Children
Asian Shelter Advocacy Project	5	9	4	5
Casa Myrna Vazquez	25	27	23	37
Dove, Inc.	4	5	6	13
Elizabeth Stone House	27	34	23	28
FINEX	7	6	9	8
Harbor Me	2	2	0	0
Renewal House	5	6	6	7
Transition House	6	8	6	4
SUB-TOTALS:	81	97	77	102
TOTALS	178		179	

The number of women and children in domestic violence shelters remained stable. Essentially the system is at capacity. Advocates report that requests for emergency shelter still exceed the supply.

The domestic violence shelters and the family shelters are operated as separate systems: battered women's shelters are mostly funded by the Dept. of Social Services while the Dept. of Transitional Assistance provides most of the funding for family shelters. Because the State imposes a 90-day limit on the amount of time a woman can stay at a battered women's shelter, these women often have to leave these domestic violence programs before they have secured housing. Consequently, many of these women then enter the emergency shelter programs for homeless families. In the fall of 1994, Mayor Menino gave battered women a higher priority for Section 8 and public housing in an effort to decrease the amount of time these families have to stay in shelter.

Clearly, domestic violence is a reality which affects women in both the adult shelters and the family shelters. The UMASS Boston survey indicated that 22% of female heads of families in the family shelters reported that they had been abused by a partner or household member within the past 12 months.⁹ It would be less disruptive to battered women and their children if they could receive shelter in one location while they are seeking housing, and not have to bounce between the domestic violence system and the family emergency system.

⁹ *A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997 p.22.*

ADOLESCENT PROGRAMS

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
Bridge Transitional Living Program	9	4	0	5	5	0
Bridge-Elliott Complex	3	12	9	2	5	8
Bridge "Host Homes"	1	1	0	0	0	0
Mass. Halfway Houses	22	0	0	21	0	0
YouthBuild Boston	4	0	0	10	0	0
SUB-TOTALS:	39	17	9	38	10	8
TOTALS	65			56		

There were 38 young males between the ages of 18 and 25, 10 young females between the ages of 18 and 25, and 8 children under 18 yrs. of age in the adolescent programs this year, compared to 39 males, 17 females and 9 children last year.

These programs are essentially operating at capacity. The adult shelters, such as Pine Street, Long Island, and Shattuck, also have reported an increase in the number of young people over 18 years of age using adult programs; these programs do not offer services to anyone younger than 18 years based on the belief that the adolescent group has specialized needs that can best be addressed elsewhere.

The City continues to be concerned about youth "aging" out of the DSS and DYS systems, i.e. turning 18 years of age and no longer being eligible for services. Providers report that many of their young clients have had DSS and DYS involvement.

Bridge Over Troubled Waters, funded by federal McKinney money, has opened a transitional day program for homeless youth and young adults living on the streets or in the adult emergency shelters.

HOSPITALS

HOSPITAL EMERGENCY ROOMS

	Winter 1997-98		Winter 1998-99	
	Male	Female	Male	Female
Boston Medical Center (formerly Boston City Hospital)	9	2	19	6
Beth Israel-Deaconess	2	0	0	0
Brigham & Women's	1	0	0	0
Carney Hospital	0	0	0	0
Massachusetts General	6	0	5	0
New England Medical Center	3	0	7	1
SUB-TOTALS:	21	2	31	7
TOTALS	23		38	

This count identifies the size of the homeless population seeking medical treatment in hospital emergency rooms on the evening of the count.

HOSPITAL INPATIENT

	Winter 1997-98		Winter 1998-99	
	Male	Female	Male	Female
Beth Israel-Deaconess	0	0	4	1
Boston Medical Center (formerly Boston City Hospital)	17	3	16	2
Brigham & Women's	5	1	3	3
Carney Hospital	0	0	0	0
Massachusetts General	3	2	5	0
New England Medical Center	4	2	5	1
Shattuck Hospital	33	8	53	28
St. Elizabeth's	0	0	0	1
SUB-TOTALS:	62	16	86	36
TOTALS	78		122	

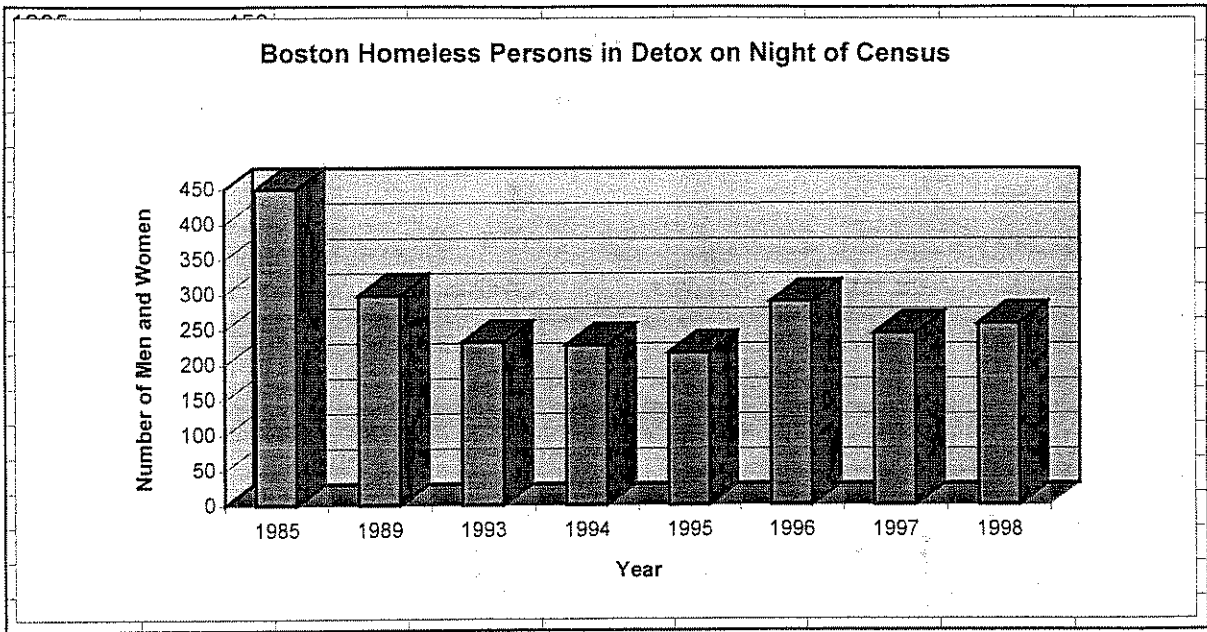
Last year for the first time, the census included numbers from hospital inpatient units. This data was collected by Boston's Health Care for the Homeless, an organization which provides health care services to homeless individuals and families in many of the local shelters and operates the Barbara McInnis House and Snead House, respite units for homeless individuals who need recuperative time after a hospital stay.

DETOX

	Winter 1997-98		Winter 1998-99	
	Male	Female	Male	Female
Andrew House	14	7	18	2
Boston Detox	7	3	13	3
Dimock Detox	7	3	10	2
Marathon Detox	30	4	28	4
River Street	14	7	19	3
STAIR	6	3	18	4
Tewksbury (CAB)	125	NA	126	NA
Women's Hope	NA	15	NA	9
SUB-TOTALS:	203	42	232	27
TOTALS	245		259	

On the night of the census, there were 232 homeless men and 27 homeless women in detox facilities - a total of 259. Other than the Nichols Program at Tewksbury State Hospital, this total does not include any Boston homeless persons who may have been in a detox outside the city.

Since the demise of the Addiction Center at Bridgewater, homeless service providers have been advocating that the State should increase the supply of detox and recovery beds for homeless individuals. The City would like to commend the State Legislature and the Commonwealth's Department of Public Health for efforts in 1996 to provide 60 additional detox beds specifically targeted to homeless individuals as well as 60 additional recovery beds. These new resources are reaching this population and are creating a way out of homelessness for those grappling with alcohol and other drugs.

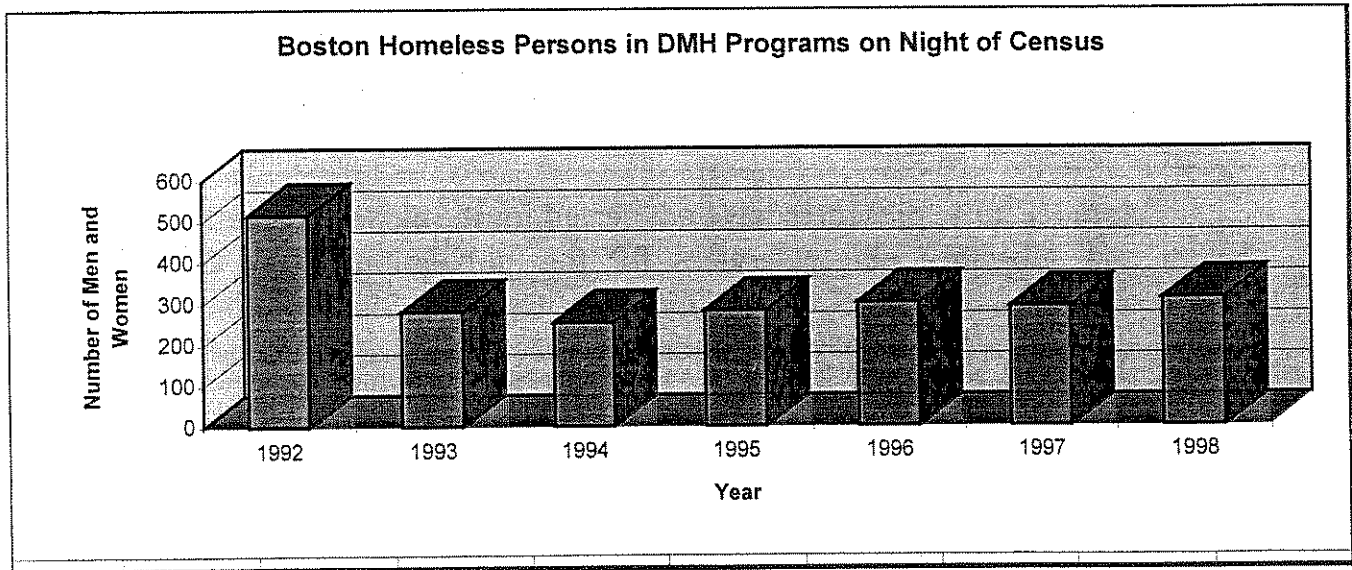


MENTAL HEALTH FACILITIES

MENTAL HEALTH FACILITIES

	Winter 1997-98		Winter 1998-99	
	Male	Female	Male	Female
Mass. Mental Health				
Fenwood Inn	27	14	33	16
Deaconess	4	1	0	0
Lindemann Center	19	6	21	10
Solomon Carter Fuller	20	10	22	9
Bay Cove M.H.	86	29	88	22
Bay View Inn	17	0	18	0
Parker Street Central	30	12		
West End Shelter			19	11
Albany Lodge			13	7
Parker Street West	0	13	0	20
St. Alphonsus Respite	1	2	2	1
SUB-TOTALS:	204	87	216	96
TOTALS	291		312	

This year, there were 216 men and 96 women, a total of 312 homeless individuals, in Department of Mental Health shelters.



MENTAL HEALTH FACILITIES

The State has recognized that mental illness is a significant factor for a large percentage of the homeless population. Appropriately, the State has committed resources over the past few years to create housing units for the homeless mentally ill. The City commends the State for this commitment and encourages the State to continue providing housing for this population. The City also recommends that the State recognize the need to provide housing and service options to the homeless mentally ill throughout the Commonwealth, and not just in the City of Boston.

The State needs to provide a continuum-of-care for the homeless mentally ill. Homeless shelters are not equipped to deliver the mental health services homeless mentally ill men and women need. DMH needs to improve access to their specialized shelters in order to move homeless men and women along the continuum and into permanent housing.

Both the City and the State have come to recognize the specific needs of the dually diagnosed population. These are people who have both substance abuse and mental health issues. Traditionally, a split between the substance abuse and mental health service systems would result in these clients receiving uncoordinated treatment. For example, a schizophrenic man who abused alcohol in an attempt to drown out the voices in his head might receive treatment in detox for his drinking. But after completing detox with his mental illness untreated, the symptoms of schizophrenia would still be there and he would be tempted to return to drinking in an attempt to self-medicate.

More recently, providers have advocated for the closer integration of mental health and substance abuse services for this population. Bay Cove Human Services' Project ACCESS, in collaboration with the Shattuck Shelter and the Vietnam Veterans Workshop and funded by Federal McKinney money, focuses on dually diagnosed homeless men and women and their special needs.

TRANSITIONAL SHELTERS

TRANSITIONAL SHELTERS

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
Brookview House		8	19	0	8	15
Casa Esperanza	25	19	2	26	12	6
Crittenton Hastings Transitional		15	25	1	15	15
T.R.A.C.		18	17	1	15	14
Dennis McGlaughlin House		4	3	0	7	6
Elders Living At Home	19	12		20	11	0
Empowering Young Mothers		5	6	0	5	6
Harbor Lights	62	32		66	21	0
Horizons House ¹⁰		6	6	0	0	0
Mass. Halfway Houses	121	32	3	115	27	8
Nazareth House		6	7	0	7	6
New England Veterans Shelter	109	6		91	6	0
Transitional						
One Wise Street	9			8	0	0
Revision House		9	12	0	21	27
Seton Manor	16	2		15	3	0
Women, Inc. ¹¹		15		0	0	0
Portis House		3	8	0	0	0
SUB-TOTALS:	361	192	108	343	158	103
TOTALS	661			604		

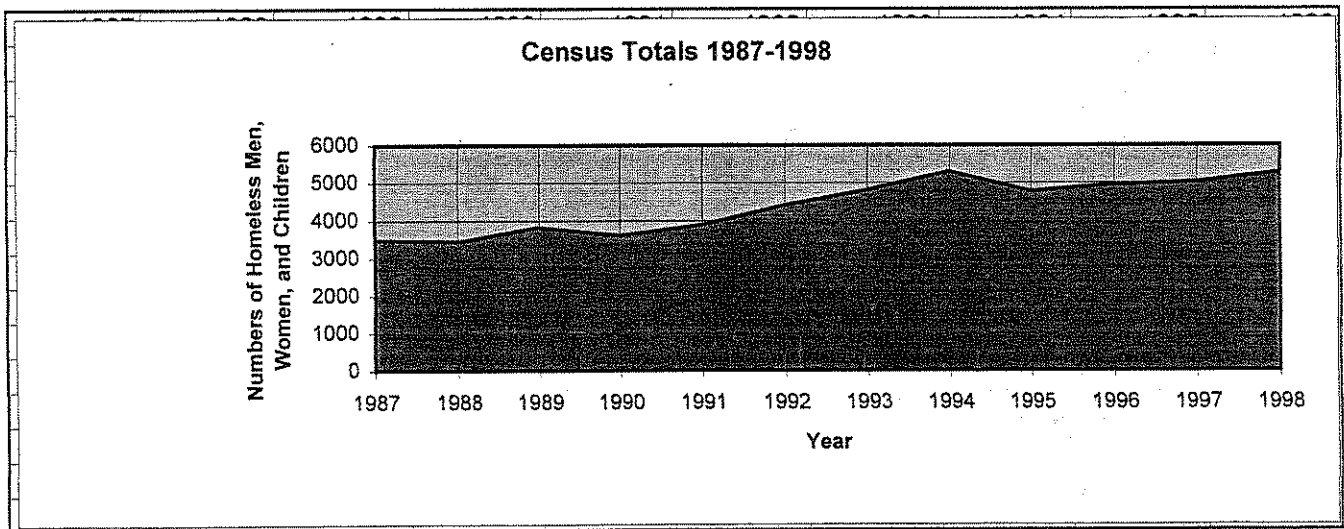
There were 604 homeless men, women and children in transitional shelters and programs this year. Please note that several transitional programs are included within the Adult Shelter category.

¹⁰ Undergoing renovations.

¹¹ No longer in operation.

HOMELESS TOTALS

	Winter 1997-98			Winter 1998-99		
	Male	Female	Children	Male	Female	Children
Street Count	152	28	0	160	28	0
Adult Shelters	1903	335	0	1934	362	0
Family Shelters	9	158	270	5	196	319
Family Other	20	191	409	34	209	455
Women In Crisis	0	81	97	0	77	102
Adolescent	39	17	9	38	10	8
Hospital ER	21	2	0	31	7	0
Hospital Inpatient	62	16	0	86	36	0
Detox	203	42	0	232	27	0
Mental Health	204	87	0	216	96	0
Transitional Shelters	361	192	108	343	158	103
TOTALS	2974	1149	893	3079	1206	987
GRAND TOTALS	5016			5272		



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IN MEMORY OF
Richard Legere & Roimus Getts

